BID PROPOSAL FORM BID NO. 2026-005

BID TO: **CITY COMMISSION**
CITY OF MARGATE

1. The undersigned bidder proposes and agrees, if this bid is accepted, to enter into an Agreement with the City in the form included in the Contract Documents to perform the Work as specified or indicated in said Contract Documents entitled:

SUPPLY AND DELIVER AFTERMARKET VEHICLE PARTS AND ACCESSORIES - AUTOMOTIVE, LIGHT – HEAVY DUTY TRUCKS, AND OFF ROAD VEHICLES

2. Bidder accepts all of the terms and conditions of the Contract Documents, including without limitation those in the Notice Inviting Bids and Instructions to Bidders, dealing with the disposition of the Bid Security.

3. The bid will remain open for the period stated in the Notice Inviting Bids unless otherwise required by law. Bidder will enter into an Agreement within the time and in the manner required in the Notice Inviting Bids and the Instructions to Bidders, and will furnish the insurance certificates, payment bond, and performance bond required by the Contract Documents.

4. It is the Contractor's responsibility to contact the City at (954) 935-5346 prior to the bid opening to determine if any addenda have been issued on the project. Bidder has examined copies of all the Contract Documents including the following addenda (receipt of all of which is acknowledged):

Number N/A Date _____

_____ _____

_____ _____

5. Bidder has familiarized himself with the nature and extent of the Contract Documents, Work, site, locality where the Work is to be performed, the legal requirements (federal, state and local laws, ordinances, rules and regulations), and the conditions affecting cost, progress or performance of the Work and has made such independent investigations as Bidder deems necessary.

6. This bid is genuine and not made in the interest of or on behalf of any undisclosed person, firm, or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization, or corporation. Bidder has not directly or indirectly induced or solicited any other bidder to submit a false or sham bid. Bidder has not solicited or induced any person, firm or corporation to refrain from bidding and bidder has not sought by collusion to obtain for itself any advantage over any other bidder or over the City.

To all the foregoing, and including all Bid Schedule(s) and Information Required of Bidder contained in this Bid Form, said bidder further agrees to complete the Work required under the Contract Documents within the Contract Time stipulated in said Contract Documents, and to accept in full payment thereof the Contract Price based on the Total Bid Price(s) named in the aforementioned Bidding Schedule(s).

NAME OF FIRM: AUTONATION FORD MARGATE

ADDRESS: 5401 WEST COPANS RD MARGATE FL 33063

NAME OF SIGNER ROMAINE FORBES
(Print or Type)

TITLE OF SIGNER PARTS MANAGER

SIGNATURE: _____ DATE: 3/20/26

TELEPHONE NO: 954-937-2636 EMAIL: FORBESR@AUTONATION.COM

SCHEDULE OF BID PRICES – BID NO. 2026-005

TO: CITY COMMISSION

CITY OF MARGATE

(Please fill in all blanks and return with your proposal.)

In accordance with your request for proposals and the specifications contained herein, the undersigned proposes the following:

****

Group	Product Category	Percentage Discount
1	Aftermarket Automotive Parts	L-40
2	Light - Heavy Truck Parts	L-40

****

ALL BIDS MUST BE SIGNED WITH THE VENDOR NAME AND BY AN OFFICER OR EMPLOYEE HAVING THE AUTHORITY TO BIND THE COMPANY OR FIRM BY SIGNATURE.

SAFETY DATA SHEETS ENCLOSED? YES ✓ NO_____

SPECIFICATION SHEETS/BROCHURES? YES ✓ NO_____

HAVE YOUR INSURANCE REPRESENTATIVE REVIEW THE SAMPLE INSURANCE CERTIFICATE TO ENSURE COMPLIANCE.

WILL YOUR FIRM ACCEPT PAYMENT VIA A CITY OF MARGATE VISA CREDIT CARD? PLEASE CHECK ONE

YES ✓ NO_____

BIDDER'S GENERAL INFORMATION:

The bidder shall furnish the following information. Additional sheets shall be attached as required. Failure to complete Item Nos. 1, 3, and 7 (if required) will cause the bid to be non-responsive and may cause its rejection. In any event, no award will be made until all of the Bidder's General Information (i.e., items 1 through 7 inclusive) is delivered to the City.

(1) CONTRACTOR'S name and address:

AUTONATION FORD MARGATE
5401 W COPANS RD MARGATE FL 33063

(2) CONTRACTOR'S telephone number: 954 545 6209

(3) CONTRACTOR'S primary license classification: N/A

State License Number: _____

Supplemental classifications held, if any: _____

Name of Licensee, if different from (1) above: _____

(4) Name of person who inspected site of proposed Work for your firm:

Name: N/A Date of Inspection: _____

(5) Name, address, and telephone number of Surety Company and agent who will provide the required bonds on this contract (if required): _____

N/A

(6) ATTACH TO THIS BID the experience resume of the person who will be designated as Supervisor for this project.

N/A

(7) ATTACH TO THIS BID a financial statement **(If Required)**, references, and other information, sufficiently comprehensive to permit an appraisal of CONTRACTOR'S current financial condition.

N/A

(8) Subcontractors: The Bidder further proposes that as part of their submittal there is attached a list of subcontracting firms or businesses who will be awarded subcontracts for portions of the work in the event the bidder is awarded the Contract.

N/A

REFERENCE SHEET BID NO. 2026-005

In order to receive Bid Award consideration on the proposed bid, it is a requirement that this sheet be completed and returned with your bid/proposal. This information may be used in determining the bid award for this Project.

BIDDER (COMPANY NAME): AUTONATION FOR MARGATE

ADDRESS: 5401 WEST COPANS RD MARGATE FL 33063

CONTACT PERSON: ROMAINE FORBES TITLE: PARTS MANAGER

TELEPHONE: 954 545 6300 FACSIMILE: 954-970-0445

NUMBER OF YEARS IN BUSINESS: 15 YEARS

ADDRESS OF NEAREST FACILITY: 5401 WEST COPANS RD MARGATE FL 33063

LIST THREE (3) COMPANIES OR GOVERNMENTAL AGENCIES WHERE THESE PRODUCTS OR SERVICES HAVE BEEN PROVIDED IN THE LAST YEAR.

(REFER TO SPECIAL CONDITIONS, SECTION E, SUBSECTION 4 ON PAGE 23 OF SOLICIATION.)

1. COMPANY NAME: CITY OF COCONUT CREEK
   ADDRESS: 4800 WEST COPANS RD PHONE: 954 3246299
   CONTACT PERSON: JASON CRUZ TITLE: MANAGER

2. COMPANY NAME: CITY OF DEERFIELD
   ADDRESS: 401 SW 4TH ST PHONE: 954 250 4363
   CONTACT PERSON: PAUL CURRIE TITLE: MANAGER

3. COMPANY NAME: PENSKE
   ADDRESS: 1955 NW 15TH ST PHONE: 954 463 7277
   CONTACT PERSON: CAREY FORTMEYER TITLE: MANAGER

COMPLIANCE WITH OCCUPATIONAL SAFETY AND HEALTH ACT (O.S.H.A.)
BID NO. 2026-005

Bidder certifies that all material, equipment, etc. contained in this bid meet all O.S.H.A. requirements. Bidder further certifies that if he/she is the successful bidder, and the material, equipment, etc., delivered is subsequently found to be deficient in any O.S.H.A. requirement in effect on date of delivery, all costs necessary to bring the material, equipment, etc. into compliance with the aforementioned requirements shall be borne by the bidder.

OCCUPATIONAL HEALTH AND SAFETY DATA SHEET REQUIRED:

In compliance with Chapter 442, Florida Statutes, any item delivered from a contract resulting from this bid must be accompanied by a SAFETY DATA SHEET (SDS). The SDS must include the following information:

A. The chemical name and the common name of the toxic substance.

B. The hazards or other risks in the use of the toxic substances, including:

1. The potential for fire, explosion, corrosivity and reactivity;
2. The known acute and chronic health effects of risks from exposure, including the medical conditions which are generally recognized as being aggravated by exposure to the toxic substance; and
3. The primary routes of entry and symptoms of overexposure.

C. The proper precautions, handling practices, necessary personal protective equipment, and other safety precautions in the use of or exposure to the toxic substances, including appropriate emergency treatment in case of overexposure.

D. The emergency procedure for spills, fire, disposal, and first aid.

E. A description in lay terms of the known specific potential health risks posed by the toxic substances intended to alert any person reading this information.

F. The year and month, if available, that the information was compiled and the name, address and emergency telephone number of the manufacturer responsible for preparing the information.

SIGNATURE:_____ DATE: 3/20/26

CITY OF MARGATE
STATEMENT OF NO BID

IF YOU DO NOT INTEND TO BID ON THIS PROPOSAL, RETURN THIS FORM TO ADDRESS WHERE BID IS TO BE SUBMITTED:

I/We have declined to bid on your proposal No: 2026-005

Bid Description: SUPPLY AND DELIVER AFTERMARKET VIHICLE PARTS AND ACCESSORIES - AUTOMOTIVE, LIGHT – HEAVY DUTY TRUCKS, AND OFF ROAD VEHICLES

For the following reason:

_____1. Specifications are too tight, i.e. geared toward one brand or manufacturer only (Explain reason below)
_____2. Insufficient time to respond to invitation.
_____3. We do not offer this commodity/service or equivalent.
_____4. Our product/service schedule would not permit us to perform.
_____5. Unable to meet specifications.
_____6. Unable to meet bonding requirements.
_____7. Specifications unclear (Explain below).
_____8. Other (Specify below).

REMARKS: N/A

Attach additional pages if required.

I/We understand that if the NO BID form is not executed and returned, our name may be deleted from the list of qualified bidders for the City of Margate.

COMPANY NAME:_____

ADDRESS:_____

_____

TELEPHONE NO:_____DATE:_____

SIGNATURE OF BIDDER:_____

DRUG-FREE WORKPLACE PROGRAM FORM BID NO. 2026-005

In accordance with Section 287.087, State of Florida Statutes, preference shall be given to businesses with Drug-free Workplace Programs. Whenever two or more bids which are equal with respect to price, quality, and service are received for the procurement of commodities or contractual service, a bid received from a business that certifies that it has implemented a Drug-free Workplace Program shall be given preference in the award process. In the event that none of the tied vendors has a Drug-free Workplace program in effect, the City reserves the right to make final Decisions in the City's best interest. In order to have a Drug-free Workplace Program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.

2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.

3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).

4. In the statement specified in subsection (1), notify employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contenders to, any violation of Chapter 893, Florida Statutes, or of any controlled substance law of the United States of any State, for a violation occurring in the workplace no later than five (5) days after such conviction.

5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community by any employee who is convicted.

6. Make a good faith effort to continue to maintain a drug-free workplace through implementation. If bidder's company has a Drug-free Workplace Program, so certify below:

AS THE PERSON AUTHORIZED TO SIGN THE STATEMENT, I CERTIFY THAT THIS FIRM COMPLIES FULLY WITH THE ABOVE REQUIREMENTS.

SIGNATURE OF BIDDER: _____ DATE: 3/20/26

NON-COLLUSIVE AFFIDAVIT FORM

State of Florida)

County of Broward)

Romaine Forbes being first duly sworn, deposes and says that:

He/she is the REPRESENTATIVE, (Owner, Partner, Officer, Representative or Agent) of AUTONATION FORD MARGATE the Offeror that has submitted the attached Proposal;

He/she is fully informed regarding the preparation and contents of the attached Proposal and of all pertinent circumstances regarding such Proposal;

Such Proposal is genuine and is not a collusive or sham Proposal;

Neither the said Offeror nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other Offeror, firm, or person to submit a collusive or sham Proposal in connection with the Work for which the attached Proposal has been submitted; or to refrain from bidding in connection with such Work; or have in any manner, directly or indirectly, sought by agreement or collusion, or communication, or conference with any Offeror, firm, or person to fix the price or prices in the attached Proposal or of any other Offeror, or to fix any overhead, profit, or cost elements of the Proposal price or the Proposal price of any other Offeror, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed Work;

The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the Offeror or any other of its agents, representatives, owners, employees or parties in interest, including this affiant.

Signed, sealed, and delivered in the presence of:

Melissa Hall
Witness

Witness

By

Romaine Forbes
Printed Name

Parts Manager
Title

DANIELE RENEE SNYDER
NOTARY PUBLIC
MY COMMISSION EXPIRES 8-29-2026
STATE OF FLORIDA
COMMISSION NUMBER HH 306343

Sworn to and subscribed before me this 16 day of March 2026 by Romaine Forbes who is personally known to me

Daniele Snyder

Daniele Snyder

ACKNOWLEDGMENT
NON-COLLUSIVE AFFIDAVIT FORM

State of Florida
County of Broward

On this the 6 day of March, 2026, before me by means of ✓ physical presence or ___ online notarization, the undersigned Notary Public of the State of Florida, personally appeared

Romaine Forbes

(Name(s) of individual(s) who appeared before notary)

whose name(s) is/are Subscribed to within the instrument, and he/she/they acknowledge that he/she/they executed it.

WITNESS my hand
and official seal.

NOTARY PUBLIC
SEAL OF OFFICE:

DANIELE RENEE SNYDER
NOTARY PUBLIC
MY COMMISSION
EXPIRES 8-29-2026
STATE OF FLORIDA
COMMISSION NUMBER HH 306343

Daniele Snyder
NOTARY PUBLIC, STATE OF FLORIDA

Daniele Snyder
(Name of Notary Public: Print,
Stamp, or Type as Commissioned)

☒ Personally known to me, or
☐ Produced identification:

(Type of Identification Produced)

☒ DID take an oath, or ☐ DID NOT take an oath

DANIELE RENEE SNYDER
NOTARY PUBLIC
MY COMMISSION
EXPIRES 8-29-2026
STATE OF FLORIDA
COMMISSION NUMBER HH 302043

SCRUTINIZED COMPANIES CERTIFICATION

I hereby swear or affirm that as of the date below this company is not listed on a Scrutinized Companies list created pursuant to 215.4725, 215.473, or 287.135, Florida Statutes. Pursuant to 287.135, Florida Statutes I further affirm that:

1. This company is not participating in a boycott of Israel such that it is not refusing to deal, terminating business activities, or taking other actions to limit commercial relations with Israel, or persons or entities doing business in Israel or in Israeli-controlled territories, in a discriminatory manner.
2. This Company does not appear on the Scrutinized Companies with Activities in Sudan List where the State Board of Administration has established the following criteria:
    a. Have a material business relationship with the government of Sudan or a government- created project involving oil related, mineral extraction, or power generation activities, or
    b. Have a material business relationship involving the supply of military equipment, or
    c. Impart minimal benefit to disadvantaged citizens that are typically located in the geographic periphery of Sudan, or
    d. Have been complicit in the genocidal campaign in Darfur.
3. This Company does not appear on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List where the State Board of Administration has established the following criteria:
    a. Have a material business relationship with the government of Iran or a government- created project involving oil related or mineral extraction activities, or
    b. Have made material investments with the effect of significantly enhancing Iran's petroleum sector.
4. This Company is not engaged in business operations in Cuba or Syria.

VENDOR/COMPANY NAME: AUTONATION FORD MARGATE

SIGNATURE: _____

PRINTED NAME: ROMAINE FORBES

TITLE: PARTS MANAGER DATE: 3/20/26

The scrutinized company list is maintained by the State Board of Administration and available at
http://www.sbafla.com/

OFFEROR'S QUALIFICATION STATEMENT BID NO. 2026-005

The undersigned certifies under oath the truth and correctness of all statements and of all answers to questions made hereinafter:

SUBMITTED TO: City of Margate
(Purchasing Division)

ADDRESS: 5790 Margate Blvd.
Margate, FL 33063

CIRCLE ONE

Corporation
Partnership
Individual
Other

SUBMITTED BY: ROMAINE FORBES

NAME: AUTONATION FORD MARGATE

ADDRESS: 5401 WEST COPANS RD MARGATE FL 33063

TELEPHONE NO.: 954 545 6300

FACSIMILE NO.: 954-970-0445

1. State the true, exact, correct and complete name of the partnership, corporation, trade or fictitious name under which you do business and the address of the place of business. (Attach corporate documents from the State of Florida (sunbiz.org) to this statement.)

The correct name of the Offeror is: MULLINAX FORD SOUTH, INC.

The address of the principal place of business is:

5401 WEST COPANS RD
MARGATE FL 33063

2. If Offeror is a corporation, answer the following:

a. Date of Incorporation: 12-02-1986

b. State of Incorporation: FLORIDA

c. President's name: BENNY DOMINGUEZ

d. Vice President's name: N/A

e. Secretary's name: N/A

f. Treasurer's name: MAJA KENJAR

g. Name and address of Resident Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHSSEE, FL 32301

3. If Offeror is an individual or a partnership, answer the following:

a. Date of organization: N/A

b. Name, address and ownership units of all partners:

c. State whether general or limited partnership:

4. If Offeror is other than an individual, corporation or partnership, describe the organization and give the name and address of principals:

N/A

5. If Offeror is operating under a fictitious name, submit evidence of compliance with the Florida Fictitious Name Statute. N/A

6. How many years has your organization been in business under its present business name?

39 YEARS

a. Under what other former names has your organization operated?

N/A

7. Indicate registration, license numbers or certificate numbers for the businesses or professions which are the subject of this Proposal. Please attach certificate of competency and/or state registration.

N/A

8. Have you ever failed to complete any work awarded to you? If so, state when, where and why?

NO

9. State the names, telephone numbers and last known addresses of three (3) owners, individuals or representatives of owners with the most knowledge of work which you have performed or goods you have provided, and to which you refer (government owners are preferred as references).

(Name)	(Address)	(Phone Number)
CITY OF COCONUT CREEK	4800 W COPANS RD	9543246799
CITY OF DEERFIELD	401 SW 4TH ST	9542504363
PENSKE	1955 NW 15TH ST	9544637277

10. List the pertinent experience of the key individuals of your organization (continue on insert sheet, if necessary).

WILLIAM LEDFORD (BJ)
OVER 20 YEARS FORD PARTS EXPERIENCE
FORD CERTIFIED / WHOLESALE PARTS
CONSULTANT

11. State the name(s) of the individual(s) who will have personal supervision of the work:

WILLIAM LEDFORD (BJ) FLORIDA

THE OFFEROR ACKNOWLEDGES AND UNDERSTANDS THAT THE INFORMATION CONTAINED IN RESPONSE TO THIS QUALIFICATION STATEMENT SHALL BE RELIED UPON BY OWNER IN AWARDING THE CONTRACT AND SUCH INFORMATION IS WARRANTED BY OFFEROR TO BE TRUE. THE DISCOVERY OF ANY OMISSION OR MISSTATEMENT THAT MATERIALLY AFFECTS THE OFFEROR'S QUALIFICATIONS TO PERFORM UNDER THE CONTRACT SHALL CAUSE THE OWNER TO REJECT THE PROPOSAL, AND IF AFTER THE AWARD TO CANCEL AND TERMINATE THE AWARD AND/OR CONTRACT.

Signature:_____

State of Florida

County of Broward

On this the 12 day of March, 2026 before me by means of ___ physical presence or ___ online notarization, the undersigned Notary Public of the State of Florida, personally appeared Romaine Forbes and
(Name(s) of individual(s) who appeared before notary)

whose name(s) is/are Subscribed to the within instrument, and he/she/they acknowledge that he/she/they executed it.

NOTARY PUBLIC, STATE OF FLORIDA

NOTARY PUBLIC
SEAL OF OFFICE:

Daniele Snyder
(Name of Notary Public: Print,
Stamp or Type as Commissioned.)

DANIELE RENEE SNYDER
NOTARY PUBLIC
MY COMMISSION
EXPIRES 8-29-2026
STATE OF FLORIDA
COMMISSION NUMBER HH 306343

☒ Personally known to me, or
☐ Produced identification:

_____
(Type of Identification Produced
☒ DID take an oath, or ☐ DID NOT take an oath

DANIELLE RENEE SNYDER
NOTARY PUBLIC
MY COMMISSION
EXPIRES 8-29-2026
STATE OF FLORIDA
COMMISSION NUMBER HH 368343

CITY OF MARGATE – E-VERIFY FORM

Project Name:	CITY OF MARGATE BID
Project No.:	2026-005

ACKNOWLEDGEMENT

Definitions:

"Contractor" means a person or entity that has entered or is attempting to enter into a contract with a public employer to provide labor, supplies, or services to such employer in exchange for salary, wages, or other remuneration.

"Subcontractor" means a person or entity that provides labor, supplies, or services to or for a contractor or another subcontractor in exchange for salary, wages, or other remuneration.

Effective January 1, 2021, public and private employers, contractors and subcontractors will begin required registration with, and use of the E-verify system in order to verify the work authorization status of all newly hired employees. Vendor/Consultant/Contractor acknowledges and agrees to utilize the U.S. Department of Homeland Security's E-Verify System to verify the employment eligibility of:

a) All persons employed by Vendor/Consultant/Contractor to perform employment duties within Florida during the term of the contract; and

b) All persons (including subvendors/subconsultants/subcontractors) assigned by Vendor/Consultant/Contractor to perform work pursuant to the contract with the Department. The Vendor/Consultant/Contractor acknowledges and agrees that use of the U.S. Department of Homeland Security's E-Verify System during the term of the contract is a condition of the contract with the City of Margate; and

c) Should vendor become successful Contractor awarded for the above-named project, by entering into this Contract, the Contractor becomes obligated to comply with the provisions of Section 448.095, Fla. Stat., "Employment Eligibility," as amended from time to time. This includes but is not limited to utilization of the E-Verify System to verify the work authorization status of all newly hired employees, and requiring all subcontractors to provide an affidavit attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien. The contractor shall maintain a copy of such affidavit for the duration of the contract. Failure to comply will lead to termination of this Contract, or if a subcontractor knowingly violates the statute, the subcontract must be terminated immediately. Any challenge to termination under this provision must be filed in the Circuit Court no later than 20 calendar days after the date of termination. If this contract is terminated for a violation of the statute by the Contractor, the Contractor may not be awarded a public contract for a period of 1 year after the date of termination and shall be liable for any additional costs incurred by the City as a result of the termination.

COMPANY CONTACT INFORMATION

Company Name:	AUTONATION FORD MARGATE
Authorized Signature:	
Print Name:	ROMAINE FORBES
Title	PARTS MANAGER
Date:	3/20/26
Phone:	954 545 6300
Email:	FORBESR@AUTONATION.COM
Website:	WWW.AUTONATION.COM

Affidavit Attesting to Noncoercive Conduct for Labor or Services

Nongovernment Entity name: _____ ("**Vendor**")

Vendor FEIN: 59-2745619

Address: 5401 WEST COPANS RD

City: MARGATE State: FL Zip: 33063

Phone number: 954 545 6300 Email Address: FORBESR@AUTONATION.COM

As a nongovernmental entity executing, renewing, or extending a contract with a government entity, **Vendor** is required to provide an affidavit under penalty of perjury attesting that **Vendor** does not use coercion for labor or services in accordance with Section 787.06, Florida Statutes. As defined in Section 787.06(2)(a), coercion means:

1. Using or threating to use physical force against any person;
2. Restraining, isolating, or confining or threating to restrain, isolate, or confine any person without lawful authority and against her or his will;
3. Using lending or other credit methods to establish a debt by any person when labor or services are pledged as a security for the debt, if the value of the labor or services as reasonably assessed is not applied toward the liquidation of the debt, the length and nature of the labor or service are not respectively limited and defined;
4. Destroying, concealing, removing, confiscating, withholding, or possessing any actual or purported passport, visa, or other immigration document, or any other actual or purported government identification document, of any person;
5. Causing or threating to cause financial harm to any person;
6. Enticing or luring any person by fraud or deceit; or
7. Providing a controlled substance as outlined in Schedule I or Schedule II of Section 893.03 to any person for the purpose of exploitation of that person.

As a person authorized to sign on behalf of **Vendor**, I certify that **Vendor** does not use coercion for labor or services in accordance with Section 787.06.

Written Declaration

Under penalties of perjury, I declare that I have read the foregoing Affidavit and that the facts stated in it are true.

By: _____
Authorized Signature

Print Name and Title: ROMAINE FORBES - PARTS MANAGER

Date: 3/20/26

AFFIDAVIT REGARDING PROHIBITION ON CONTRACTING WITH ENTITIES OF FOREIGN COUNTRIES OF CONCERN

Pursuant to Section 287.138, Florida Statutes (which is expressly incorporated herein by reference), the City may not knowingly enter into a contract with an entity which would give access to an individual's personal identifying information if (a) the entity is owned by the government of a foreign country of concern; (b) the government of a foreign country of concern has a controlling interest in the entity; or (c) the entity is organized under the laws of or has its principal place of business in a foreign country of concern.

This affidavit must be completed by an officer or representative of an entity submitting a bid, proposal, or reply to, or entering into, renewing, or extending, a contract with the City which would grant the entity access to an individual's personal identifying information.

1. AUTONATION FORD MARGATE ("entity") does not meet any of the criteria in paragraphs (2)(a)-(c) of Section 287.138, F.S.

In the presence of:

Melisa Hull

Witness #1 Print Name: Melisa Hull

Shawn Ball

Witness #2 Print Name: Shawn BALL

Under penalties of perjury, I declare that I have read the foregoing and the facts stated in it are true:

Print Name: ROMAINE FORBES

Title: PARTS MANAGER

Entity Name: AUTONATION FORD MARGATE

OATH OR AFFIRMATION

State of Florida
County of Broward

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, this 18 day of March, 2026, by Romaine Forbes (name of person) as Representative (type of authority) for Autonation Ford Margate (name of party on behalf of whom instrument is executed).

Notary Public (Print, Stamp, or Type as Commissioned)

✓ Personally known to me; or
____ Produced identification (Type of Identification: _____)
✓ Did take an oath; or
____ Did not take an oath

DANIELE RENEE SNYDER
NOTARY PUBLIC
MY COMMISSION EXPIRES 8-29-2026
STATE OF FLORIDA
COMMISSION NUMBER HH 306343

DANIELE RENEE SNYDER
NOTARY PUBLIC
MY COMMISSION
EXPIRES 8-29-2026
STATE OF FLORIDA
COMMISSION NUMBER HH 319623

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/07/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
*MARSH USA, LLC.
Two Alliance Center
3560 Lenox Road, Suite 2400
Atlanta, GA 30326
Attn: Atlanta.CertRequest@marsh.com | Fax: 212 948-4321
2130

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Safety National Casualty Corporation	15105
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
2130-Mullinax Ford South, Inc.
DBA AutoNation Ford Margate
5401 W Copans Road
Margate, FL 33063

COVERAGES

CERTIFICATE NUMBER: ATL-006153948-01 **REVISION NUMBER:** 8

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			CA 6676666	01/01/2026	01/01/2027	EACH OCCURRENCE	$ 7,500,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
	X Products/Comp Ops						MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$ 7,500,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 20,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 5,000,000
	OTHER:						Prem/Prod Comp Ops	$ 500K/1MM EA OCC
A	AUTOMOBILE LIABILITY			CA 6676666	01/01/2026	01/01/2027	COMBINED SINGLE LIMIT (Ea accident)	$ 7,500,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR			XUM4068567	01/01/2026	01/01/2027	EACH OCCURRENCE	$ 5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 5,000,000
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
CITY OF MARGATE is/are included as additional insured where required by written contract with respect to general liability.

CERTIFICATE HOLDER

CITY OF MARGATE
5790 MARGATE BLVD
MARGATE, FL 33063

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC